Trinity Washington University Key Request Form

Request submitted by: _____ Date: _____
Email address: _____ Suggested
Phone Number: _____ Need Date _____

**** All key requests will be submitted to the Facilities Services Office with full departmental approvals. If key was lost or stolen a copy of the DPS report and reciept from the Business Office will be attached.***

Employee Name and Title: _____

Location: Buildiing _____ Room _____

Key Number(s) and/ or Letter(s) stamped on key:

Reason for Request(circle one)

Lost	Stolen	New Employee	Re-assignment

Approvals

Department Manager _____

Department of Public Safety _____

Business Office (if lost or stolen) _____

** Lost or stolen keys will have a $65.00 per key replacement charge. Payable to the Business Office.

Date Key Received: : _____

Received By: _____ _____
Print Signature

Facilities Services Only below this line

Date Key Cut: _____ Maintenance Personnel: _____

Master Key Location:
Box: _____ Tag Number: _____ Key Stamp: _____

Date Entered into the Database _____